

**COLUMBIA COUNTY EMPLOYEES FOR EXCELLENCE  
COMMITTEE  
TEAM OF THE QUARTER**

**NOMINATION FORM**

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Nominations for the Columbia County Board of Commissioners Team of the Quarter should be submitted using this two-page packet.

- ***The first page should be filled out by you and signed by the Immediate Supervisor & the Division Director of the team.***
- The second page should be used for justification. Please provide a detailed description of why the employees should be chosen as the Team of the Quarter. **Page 2 is the only information that will be made available to the Employees for Excellence Committee for selection.**
  - Please make sure that page 2 is typewritten.
  - Unlike the Employee of the Month nomination form, it is okay to put identifying information on this page (name, gender, or department).
- The nomination packet should be forwarded to the Election's Officer of the Employees for Excellence Committee via inter-office mail. If you do not know who is currently serving as the Election's Officer, please call Marcia Lowry in Human Resources at 868-3310.
- Once submitted, the nomination is good for six months. If after the six-month period the team has not been selected as the Team of the Quarter, you will need to resubmit the nomination. If the team is chosen they will be honored at the Board of Commissioners Meeting and they will get to display the Team of the Quarter trophy in their department until the next quarter.

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**\*IMPORTANT\***

YOU MAY NOMINATE ANY TEAM WITHIN THE COUNTY BUT, **THE NOMINATION FORM MUST BE SIGNED BY THE DIVISION DIRECTOR OF THE TEAM.** (Ex. Someone from the Water Department can nominate a team from Roads & Bridges **B** even a department head can be nominated- but the immediate supervisor & division director of the team **MUST** sign the nomination form.)

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**NAMES OF TEAM MEMBERS:**

**DEPARTMENT:**

**NOMINATION SUBMITTED BY:(your name):**

**DEPARTMENT:**

**PHONE NUMBER:**

**NAME OF IMMEDIATE SUPERVISOR OF TEAM:**

**SIGNATURE OF IMMEDIATE SUPERVISOR:**

**SIGNATURE OF DIVISION DIRECTOR/ELECTED OFFICIAL:**

**PHONE NUMBER:**

**DATE:**

Nomination # \_\_\_\_\_

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Please include the following criteria: **Service to others**

**Performance**

**Enthusiasm & Excellence**

**Compassion**

**Initiative**

**Ability**

**Loyalty**

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